

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103757

FILED
May 01, 2008
Secretary of State

Entity Name: SOUTH FLORIDA NUTRITION SPECIALISTS, LLC

Current Principal Place of Business:

7737 N KENDALL DR
C #303
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7737 N KENDALL DR
C #303
MIAMI, FL 33156

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ESCOBAR, SU-NUI
7737 N KENDALL DRIVE C 303
MIAMI, FL 33156 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: ESCOBAR, SU-NUI
Address: 7737 N KENDALL DR C#303
City-St-Zip: MIAMI, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: IZNAGA, ZULEMA
Address: 9330 SW 20 ST
City-St-Zip: MIAMI, FL 33165

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: LANCHO, PAOLA
Address: 562 NW 82 PLACE APT 311
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: DIP, DORIS
Address: 6431 NW 109 AVE
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SU-NUI ESCOBAR

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date